ARIZONA STATE BOARD OF HEALTH State File No.	
BUREAU OF VI	TAL STATISTICS Registered No.
1. PLACE OF BIRTH STANDARD CERT	THICATE OF BIRTH
i	<i>A</i> 11.
County Jula	State Tiresona
District or Township Copper Hell. or Village.	
District or Township. No	
City	
Supplemental report, as directed.	
2. Full name of child 7 be convered ONLY 1 4/Twin, triplet or other 6. Lecitimate? 7. Date 164 3 /930	
	of birthstefet. 3 1730
in event of plural 5. No., in order of birth	
Vemail Ind.	MOTHER .
8. FATHER	
Full name Francisco Schulveda	Full maiden name Landelsna Sarcia
	15. Residence Globe
9. Residence Slothe	11 TILL I Make of shode)
(Usual place of abode)	If non-resident, give place and state. Augona
If non-resident, give place and state. Wrisona	16. Color or race
10. Color or race	13
Musican 11. Age at last birthday 40 (Year	5) Mexican 17. Age at last birthday 35 (Years)
Mylican 11. Age at last on diday	1
	18. Birthplace (city or place)
12. Birthplace (city or place).	(State or country)
(State or country)	-
13. Occupation Miner	19. Occupation Tansewife
· · · · · · · · · · · · · · · · · · ·	Nature of industry
Nature of industry Copper.	
21. Were precautions taken against opping	
20. Number of Page offer	B but now dead 2
(Taken as of time of birth of child herein (c) Stillborn.	
certified and including this contact	
I hereby certify that I attended the birth of this child, who was for (Born alive or stillborn)	
I hereby certify that I attended the office of the state of spinoons of the state of spinoons of the state of	
*When there was no attending physician Signature Signature	man John Marie
or midwife, then the interior A stillborn	
ctc., should make this test breathes nor child is one that neither breathes nor shows other evidence of life after birth.	(Physician or Midwife).
Given name added from Address a supplemental report Month, day, year	
a supplemental report Month, day, year Riled 10/10, 100 5. E Ough Francisco	
Registrar	negiotal A